Date Verified _____



Public School Off-Site Records Verification

This form can be used to verify children's records that are stored off-site from the public school program.

Children's Records

Name of School:	Date Completed:
The following records are required to program and may be stored in an off-	be maintained for all children enrolled in the public school site location.
 Application for Enrollment Medical Exam Immunization Records Signed Discipline Policy Receip Signed Summary of Law Receip Signed Operational and Personnarequirements only) 	
Child Development to view when request required to maintain confidentiality of a Please list the name of each child current.	ove, must be made available for a representative from the Division of sted. All representatives from the Division of Child Development are all information contained in children's records.
The records for the children listed on the	
Address:	
Person Responsible for Maintaining Records	
Contact Phone Number:	
Best Time to Reach:	
Office Hours:	
	that the required records for all children enrolled in our licensed priate information, maintained to be current and correct at all times

Signature of Program Administrator

Id #:

Please list below the first name and last initial only of each child currently enrolled in your program.